



## General

### Guideline Title

Best evidence statement (BEST). Best care environment for adolescent patients with eating disorders.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Best care environment for adolescent patients with eating disorders. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Mar 24. 6 p. [25 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of evidence (1a-5b) are defined at the end of the "Major Recommendations" field.

1. It is recommended that for adolescent patients with eating disorders, acutely admitted to the hospital, a lenient environment be used to improve patient compliance with the plan of care (Colton & Pistrang, 2004 [2b]; Touyz et al., 1984 [2b]; Touyz, Beumont, & Dunn, 1987 [4b]).
2. There is insufficient evidence and lack of consensus to make a recommendation on whether a strict environment or a lenient environment contributes to weight gain (Bhanji & Thompson, 1974 [4b]; Bossert et al., 1988 [4b]; Dalle Grave et al., 1993 [4b]; Halmi, Powers, & Cunningham, 1975 [4b]; Kreipe & Kidder, 1986 [3b]; Nusbaum & Drever, 1990 [4b]; Solanto et al., 1994 [4b]; Touyz et al., 1984 [2b]; Touyz, Beumont, & Dunn, 1987 [4b]; Treat et al., 2005 [4b]; Vandereycken & Pieters, 1978 [4b]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain

4a or 4b Quality Level	Weak study design for domain Definition
5	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

#### Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is lack of consensus to direct development of a recommendation.
<p>Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.</p> <ol style="list-style-type: none"> <li>1. Grade of the Body of Evidence (see note above)</li> <li>2. Safety/Harm</li> <li>3. Health benefit to patient (direct benefit)</li> <li>4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)</li> <li>5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)</li> <li>6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])</li> <li>7. Impact on morbidity/mortality or quality of life</li> </ol>	

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

Eating disorders, including:

- Anorexia nervosa
- Bulimia nervosa
- Eating disorder not otherwise specified (NOS)

Note: Binge eating and overeating are excluded from this guideline.

## Guideline Category

Treatment

## Clinical Specialty

Family Practice

Internal Medicine

Pediatrics

Psychiatry

Psychology

## Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

## Guideline Objective(s)

To evaluate among adolescent patients diagnosed with an eating disorder acutely admitted to the hospital for treatment of the eating disorder if a strict environment at admission versus a lenient environment improves patient compliance with the plan of care and/or weight gain

## Target Population

Adolescents (ages 13 to 21) with an eating disorder

## Interventions and Practices Considered

Strict environment at admission versus a lenient environment

## Major Outcomes Considered

- Patient compliance with the plan of care
- Weight gain

## Methodology

### Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: Ovid Medline, PubMed, Cinahl, Psychinfo, Nursing Reference Center, Google Scholar, and hand search
- Keywords: Anorexia, Eating Disorders, inpatient, compliance, nursing interventions, practice guidelines, guidelines, treatment guidelines, strict, lenient
- Limits: English language and adolescents, all dates included
- Retrieved: July 29, 2010 – November 22, 2010

## Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5 or 5a or 5b	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

## Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
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No recommendation made	There is lack of consensus to direct development of a recommendation.
Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
<ol style="list-style-type: none"><li>1. Grade of the Body of Evidence (see note above)</li><li>2. Safety/Harm</li><li>3. Health benefit to patient (direct benefit)</li><li>4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)</li><li>5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)</li><li>6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])</li><li>7. Impact on morbidity/mortality or quality of life</li></ol>	

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

Reviewed against quality criteria by two independent reviewers

## Evidence Supporting the Recommendations

## References Supporting the Recommendations

Bhanji S, Thompson J. Operant conditioning in the treatment of anorexia nervosa: a review and retrospective study of 11 cases. Br J Psychiatry. 1974 Feb;124(579):166-72. [PubMed](#)

Bossert S, Schnabel E, Krieg JC, Berger M. Modifications and problems of behavioural inpatient management of anorexia nervosa: a "patient-suited" approach. Acta Psychiatr Scand. 1988 Jan;77(1):105-10. [PubMed](#)

Colton A, Pistrang N. Adolescents' experiences of inpatient treatment for anorexia nervosa. Eur Eat Disord Rev. 2004;12(5):307-16.

Dalle Grave R, Bartocci C, Todisco P, Pantano M, Bosello O. Inpatient treatment for anorexia nervosa: a lenient approach. *Eur Eat Disord Rev.* 1993;1(3):166-76.

Halmi KA, Powers P, Cunningham S. Treatment of anorexia nervosa with behavior modification. Effectiveness of formula feeding and isolation. *Arch Gen Psychiatry.* 1975 Jan;32(1):93-6. [PubMed](#)

Kreipe RE, Kidder F. Comparison of two hospital treatment programs for anorexia nervosa. *Int J Eat Disord.* 1986;5(4):649-57.

Nusbaum JG, Drever E. Inpatient survey of nursing care measures for treatment of patients with anorexia nervosa. *Issues Ment Health Nurs.* 1990;11(2):175-84. [PubMed](#)

Solanto MV, Jacobson MS, Heller L, Golden NH, Hertz S. Rate of weight gain of inpatients with anorexia nervosa under two behavioral contracts. *Pediatrics.* 1994 Jun;93(6 Pt 1):989-91. [PubMed](#)

Touyz SW, Beaumont PJ, Dunn SM. Behaviour therapy in the management of patients with anorexia nervosa. A lenient, flexible approach. *Psychother Psychosom.* 1987;48(1-4):151-6. [PubMed](#)

Touyz SW, Beaumont PJ, Glaun D, Phillips T, Cowie I. A comparison of lenient and strict operant conditioning programmes in refeeding patients with anorexia nervosa. *Br J Psychiatry.* 1984 May;144:517-20. [PubMed](#)

Treat TA, Gaskill JA, McCabe EB, Ghinassi FA, Luczak AD, Marcus MD. Short-term outcome of psychiatric inpatients with anorexia nervosa in the current care environment. *Int J Eat Disord.* 2005 Sep;38(2):123-33. [PubMed](#)

Vandereycken W, Pieters G. Short term weight restoration in anorexia nervosa through operant conditioning. *Scand J Behav Ther.* 1978;7:221-36.

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

- Improved patient compliance with the plan of care
- Weight gain
- A lenient environment is more acceptable to patients and less likely to impair self-esteem. It supports the patient's ability to take care of themselves. When patients can collaborate in decisions, feel listened to rather than presided over, and are offered rationale for practices, they are less confused and frustrated.

### Potential Harms

The risk of a lenient program is that it places a high burden of adherence on the adolescent patient, and some patients may engage in deceptive or self-destructive behaviors.

# Qualifying Statements

## Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

An implementation strategy was not provided.

### Implementation Tools

Patient Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Getting Better

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2011 Mar 24

## Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

## Source(s) of Funding

Cincinnati Children's Hospital Medical Center

## Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

*Team Leader:* Kathleen Hautman BS RNII, A6N, Adolescent Medical Surgical Unit, Cincinnati Children's Hospital Medical Center

*Support Personnel:* Barbara K. Giambra, MS, RN, CPNP, Center for Professional Excellence-Business Integration/Research and Evidence based Practice, Cincinnati Children's Hospital Medical Center

## Financial Disclosures/Conflicts of Interest

Not stated

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .



Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Patient Resources

The following are available:

- Anorexia nervosa. Your child's health. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2010 May. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Bulimia nervosa. Your child's health. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2010 May. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## NGC Status

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